

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000003892

Entity Name: FTC MANAGEMENT, LLC

FILED
Oct 23, 2006
Secretary of State

Current Principal Place of Business:

20844 HARPER AVENUE, SUITE 300
HARPER WOODS, MI 48225

New Principal Place of Business:

3000 IMMOKALEE RD
SUITE 5
NAPLES, FL 34110

Current Mailing Address:

20844 HARPER AVENUE, SUITE 300
HARPER WOODS, MI 48225

New Mailing Address:

3000 IMMOKALEE RD
SUITE 5
NAPLES, FL 34110

FEI Number: 20-3142341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
C/O ROBERT G. MENZIES
850 PARK SHORE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CRAWFORD, RICHARD S
3000 IMMOKALEE RD
SUITE 5
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARDS S. CRAWFORD

10/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRAWFORD, RICHARD S
Address: 20844 HARPER AVENUE, SUITE 300
City-St-Zip: HARPER WOODS, MI 48225

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRAWFORD, RICHARD S
Address: 3000 IMMOKALEE RD SUITE 5
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD S. CRAWFORD

MGR

10/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date